Meeting Notes

Mental Health Drugs Work Group

Meeting Details

Meeting Date: 10/21/05

Key Decisions:

Decision – Table the addition, correction and approval of the September meeting minutes until all members can review the document.
Decision – Provide a 20 minute period for discussion about the PA clinical rationale for tried and failed two preferred drugs. Dr. Thompson will take highlights from the discussion back to Doug Porter for consideration about this PA criteria.
Decision – Next steps will be to review safety issues around atypicals. OSHU reports are posted 3 weeks before P&T committee on Rx.wa.gov
Decision – Around December, using Massachusetts outcomes, the Kitchen Cabinet will develop a communication and education straw man around combination atypicals. We will benchmark current practices in MassHealth and report back.
Decision –By November, Kitchen Cabinet will develop a communication and education straw man for ADHD drugs.

Stakeholder issues:

Stakeholders articulated 4 points in the Oct 21st Mental health Workgroup:

1. The policy stigmatizes the mental health clients in having to use lower cost drugs.
2. There has been no "Evidenced Based" review of the "tried and failed" policy.
3. There is no method to discern the real costs of a failed attempt.
4. Why can't these criteria be contained in an Expedited Prior Authorization (EPA) rather than under PA?

Each of these issues are addressed and discussed by the clinical community:

1. This policy of "tried and failed" exists for many drug classes and the 2 failed relates to the many choices a provider has in this particular class. Every hospital has a formulary which uses rules such as these. It is not a new idea and does not treat the mentally ill differently.
2. There is no evidence that one antidepressant is better than another. Putting a patient on one that is on the preferred list does not mean that they are expected to fail because the drug is less effective. Drugs on the preferred list have the same efficacy as drugs which are branded.
3. You cannot predict who will fail on any antidepressant. Putting someone on a preferred antidepressant does not imply that they will fail it.
4. EPA is not an effective tool to curb direct-to-consumer advertising or strong marketing.

Evidence Based Practices Related to Multiple Use of Anti-psychotics

The group reviewed many articles and determined that one area where clients get stuck is in a cross taper. The group discussed that while there is general agreement that clinical practice is to use multiple Anti-psychotics in difficult clients there is no current agreed on "Best Practice".

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The group review Dr. Stahl's recommendations and again these differ from community practices. The group discussed the MassHealth program that only allowed an atypical and coniine.

The group agreed to review more demographics on combinations in a two by two diagram but agreed that more work is needed to qualify the clinical rationale for differing combinations.

Action Items

Item	Owner
Do a broadcast fax to the pharmacies about tried and failed rationale once a final decision is made. Also post information on the website http://fortress.wa.gov/dshs/maa/pharmacy/MHworkgroup/PriorAuth.html	Dr.Childs, Jonell Blatt
Request data analysis office to run gender and ethnicity demographics for the 320 mental health clients	Dr. Thompson, David Mancuso
Benchmark current practices in MassHeath	Dr.Childs, Jonell Blatt